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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE TREATMENT OF GONORRHOEA.

BY J. WILLIAM WHITE, M. D.,
Of Philadelphia.

(Concluded from page 775.)

It may, during this period, be necessary to give something to relieve certain symptoms, chief among which are ardor urinæ, chordee, and frequent urination, which are often combined and are frequently very troublesome. For the relief of the ardor urinæ, I push the diuretic mixture already described—instead of giving it five or six times a day, giving it every hour or two, and continuing it through the night. If there is tumefaction, I direct that the organ be wrapped in lead-water and laudanum, warm or cold as is preferred, and that urination shall be performed in a cup of hot water. This sometimes gives extraordinary relief. I am unable to give a satisfactory explanation for this result; one theory is that it acts by equalizing the circulation of blood in the inflamed organ, the blood being drawn from the congested urethra to the surface, and thus lessening the swelling of the mucous membrane, and affording easier and less painful passage to the stream of urine. Whatever the explanation may be, the fact remains that in two or three cases out of every five great relief is afforded by urinating in a hot bath or in a vessel containing water as hot as can be borne. Sometimes where the symptoms have been very severe, and these measures have failed, it has seemed proper to try demulcent injections, and I have used a mucilage of acacia, or sassafras, or a mixture of glycerine

and water. First stripping the urethra gently, two or three drachms of one or other of these mixtures have been injected. I always fear, however, that these injections may carry the irritating pus into the deeper parts, and in only a few cases has it been so useful as to warrant its employment. I have lately tried cocaine under these circumstances, but not in a sufficient number of cases to warrant a positive opinion; in some it seemed to fail altogether, while in one or two it appeared to aggravate the condition. In others it gave decided relief. Whether these differences were due to differences in the preparations or in the conditions present, I am unable to say; but what we have heard lately in regard to the therapeutic effects of cocaine would certainly lead us to think that it ought to be useful in this condition.

Chordee is another symptom which occurs at this stage, and is most troublesome and annoying. Many remedies for its relief have been recommended, among which the only ones which I think worth mentioning are, opium in combination with camphor in the form of a suppository, containing half a grain of the aqueous extract of opium or one grain of powdered opium and three grains of camphor, at bed-time; opium alone in the same dose (and I am not convinced that the camphor is very effective); lupulin, in fifteen- to twenty-grain doses; tincture of gelsemium in ten- or fifteen-drop doses every time the patient awakens with chordee; and finally, bromide of potassium, which is the best of all. This seems to have fallen into undeserved disrepute. Bromide of potassium is more efficient in preventing erection than any of the other drugs which I have

mentioned. When a patient complains of chordee, I usually give the following directions: I tell him to try and secure his daily stool at bed-time instead of in the morning, and, if necessary, to take a laxative, as some mineral water, during the afternoon; I tell him to use a hard mattress, to sleep in a cool room under light bed-clothing, and to avoid sexual thoughts; I then give thirty-grain powders of bromide of potassium, with directions to take one during the afternoon, one after supper, and one at bed-time, and to keep one dissolved at his bedside, and to take this if awakened at night with chordee. Of course, if this were continued for any length of time, there would be symptoms of bromism. I have never seen anything except anorexia (which is not an unmixed evil), drowsiness, and slight disturbance of the digestive tract. Bromide of potassium is indicated, for a number of reasons, in inflammatory gonorrhœa. It is an alkali, an anaphrodisiac, and an arterial sedative, so that, apart from the symptom chordee, I am in the almost invariable habit of using bromide of potassium in the acute stage of inflammatory gonorrhœa.

As I have said, I wait for the subsidence of inflammatory swelling before using injections. When the patient reports that he has less pain in urination, fewer painful erections, and I see that the discharge is more watery and lighter in color, I then think of the use of injections, beginning these with some caution. At first I usually employ a mixture of lead-water and laudanum, or the watery extract of opium, sometimes with a little tincture of aconite or belladonna, or both, and watch the effect. Of late I have sometimes added cocaine. I order these injections as I do all others, to be used in such strength as to not give more than a slight tingling or smarting. I think it better to discard them altogether if they excite severe pain. The injection of lead-water and laudanum I use for three or four days, sometimes for a week, and pass from it to injections containing an insoluble sediment, which serves to protect the urethra from the stream of urine, and to support the dilated vessels by its mechanical and constricting effect. For a number of years I have used most frequently subnitrate of bismuth; this, however, sometimes set up severe inflammation. It was suggested to me at a meeting of this Society, and, I think, by Dr. Leffmann, that the subnitrate of bismuth was crystalline, and that the presence of crystals might sometimes prove irritating, but that the subcarbonate, which is an amorphous powder, was not open to this objection. I have used this latter drug for

some time, and I think with better results. The injection may contain the subcarbonate or subnitrate of bismuth, sulphate of zinc, and acetate of lead, in which double decomposition takes place; or oxide of zinc, acetate of zinc and tannin, which precipitates the tannate of zinc; kaolin, or finely pulverized earth of any sort, made into paste with water. Any of these answers an admirable purpose at this stage.

After using these for a few days, I tell the patient to stop them for twenty-four hours. If the discharge still persists, I usually employ a stronger injection, which is often acetate of zinc, combined with laudanum, dilute hydrocyanic acid, morphia, or, as now seems especially appropriate, with cocaine if there is pain. Sulphate and acetate of zinc are the two drugs which I consider of the greatest value in this subsiding stage of gonorrhœa.

About the time that the first injection of lead-water and laudanum is given, it is usually good practice to put the patient on the so-called anti-blennorrhagics—the only ones which I use being cubebs, copaiba, and oil of sandalwood. Kava-kava, which was strongly recommended by Dupuy, I have tried, but never succeeded in getting good results. Balsam of gurgun has been recommended. I have tried various preparations of it, but it is exceedingly unpleasant, irritates the digestive tract, and in my hands has not given good results. Cubebs, copaiba, and oil of sandalwood, these being the three drugs which I usually substitute for the alkaline diuretic mixture, may be given in emulsion at first, in order to continue the bromide of potassium—giving, for example, bromide of potassium, oleo-resin of cubebs, and oil of sassafras, made into an emulsion with gum arabic and water. In order to save time, I have called this mixture *mistura cubebæ*, the formula of which I had published in the *Druggists' Circular*, so that the mixture could be put up under that name. After the pain has subsided, I give cubebs and copaiba in capsules. If the patient goes to a reliable druggist, this is the best way to give these drugs. In regard to sandalwood I have some doubts. I think that as good results are not obtained from capsules of sandalwood oil as with sandalwood in other ways; this is possibly due to the use of an inferior oil in the capsules. There is a commercial oil which has not the beneficial effects of the pure oil; the commercial oil is dark instead of having the amber color of the pure oil, and is more irritating to the digestive tract. Although I prescribe capsules of copaiba and cubebs, I prefer, therefore, to order sandalwood in quan-

tity, and direct the patient to take ten drops on sugar, three or four times daily, usually after meals and at bed-time. This is usually the last prescription for internal remedies that it is necessary to give.

An ordinary case, running its course without complications, will terminate in from three weeks to a month, which I consider as good an average as may be hoped for from any method of treatment of gonorrhœa. Much shorter periods are noted from various forms of treatment, but I confess that I look on these with more or less doubt. They are either selected cases, or colored by the imagination and wishes of the reporter. I have had large opportunities, and have experimented cautiously, but faithfully, with the various methods of treatment reported; I have tried the so-called antiseptic treatment recommended by Cheyne; the injection of boracic acid as advocated by Hyndman, of Cincinnati; I have tried Bauer's so-called "rational" treatment (in fact I had used it before he advocated it), but never with the results claimed by the respective authors of these methods. I have finally settled down to the routine treatment which I have just described.

In certain cases, in spite of treatment, the urethral discharge will continue, and these are the cases which give both the patient and the practitioner much annoyance. These, like the cases of gonorrhœa may be divided into three classes, urethral catarrh, chronic gonorrhœa, and gleet. Most of the cases of chronic urethral discharge will come under one or other of these heads.

Patients will sometimes return after the subsidence of the acute symptoms of gonorrhœa, complaining that the discharge has not ceased. If the case be carefully examined, it will be found that they have at most a drop of watery fluid in the morning, or once or twice a day. There will be little or no pain on urination. They are often persons inclined to be hypochondriacal, and to pay too much attention to their sexual apparatus, and it will be found frequently that the trouble is really due to lack of tone in the capillaries of the mucous membrane of the urethra, and requires very little treatment. If we pass from one injection to another, and give internal remedies of different kinds, the patient's attention will be kept on his condition, and the case may continue under care for weeks. These are the cases in which we hear of marvelous homœopathic cures. The patient leaves the surgeon and passes to the homœopathist, where he gets practically no treatment; the *vis medicatrix nature* is given an opportunity,

the patient recovers, and homœopathy gets the credit. In these cases I give a little good advice; if the patient can afford it, send him to Atlantic City; order a few drops of the syrup of the iodide of iron, a good generous diet, with a little claret or Burgundy at dinner, quinine at bed-time, and, if the season is suitable, salt bathing. Under this treatment a cure will often be effected in a few weeks, or in less time. The chief difficulty in such cases is to retain the patient's confidence.

The second class, that of chronic gonorrhœa, requires persistent treatment. The diagnosis between chronic gonorrhœa and gleet should be carefully made. In chronic gonorrhœa the discharge continues without any intermission between it and the acute affection; this discharge is aggravated on slight provocation, by indigestion, by sexual excess, or more particularly by ungratified sexual excitement, by alcoholic excess, cold, and over-exertion—all these increase it often, until it is so severe as to simulate acute inflammatory gonorrhœa. It is attended with more or less localized pain along the urethra and during urination; the discharge is creamy, and careful investigation with bulbous bougies will show a point of marked tenderness, the bougie bringing away pus, perhaps streaked or tinged with blood.

This condition, I think, requires for its treatment the use of localized injections, with the employment of the syringe known as the prostatic syringe. The point of trouble is usually a superficial ulceration, or a granular urethritis. The patient is shown how far to introduce the syringe. The most useful injection is, I think, nitrate of silver, using it of the strength of one-fourth to one-half a grain to the ounce, gradually increasing the strength, and using from a drachm to a drachm and a half at each injection, slowly deposited at the affected spot. If this fails, there may be associated with it the gentle use of full-sized urethral instruments, either steel or rubber. I have usually employed Thompson's sounds. These must be used with care. If they aggravate the condition, they should not be again employed until the inflammation has assumed its chronic character.

The third variety is gleet, by which I mean a condition in which there is a milky or milk-and-watery discharge from the urethra, without distinct localized pain. In this there is usually a considerable interval between the date of the gonorrhœa and the reappearance of the discharge. It is often associated with more or less frequent urination and hypogastric and lumbar pains. It

is usually dependent upon the presence of a stricture, which is frequently a so-called "stricture of large calibre." The treatment of the discharge depends upon that of the stricture, to consider which would lead us beyond the limits of our time.

The notice which was sent out announced the subject for the evening as the "Treatment of Gonorrhœa and Its Sequelæ," but with the permission of the Society, I shall take the opportunity of considering the treatment of the sequelæ on another occasion.

Before I sit down I wish to mention a point on which I should like to have the opinion of the Society, and that is in regard to the use in chronic urethral troubles of the so-called soluble bougies, particularly with reference to those made by Feote & Swift under the name of vectors. I have given them a careful trial, but am unable as yet to pronounce an absolutely positive opinion. Theoretically, they certainly should be useful, but where I have expected good effects they have often seemed to be irritating. They cannot be diluted as can an injection. I have had some of these made with cocaine, and have used them before performing urethral operations, such as the removal of urethral polypi and internal urethrotomy. I find that simply dipping them in water does not permit of their ready entrance into the urethra, and if they are oiled, one of the advantages which is claimed—that the remedy comes directly in contact with the tissue—is destroyed. It seems to me, however, that there are possibilities of excellent results from their employment, and I should like to have the experience of the Society.

HOSPITAL REPORTS.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. SKELLYE, A. M., M. D.

Fibrous Phthisis.

This patient is a man 57 years of age, married, a native of Ireland, and employed in building houses. Was admitted December 22d. He gives no history of rheumatism or of syphilis. Is only a moderate drinker, taking two or three glasses of spirits a day. He has been employed a good deal about new buildings, where he was exposed to all kinds of weather, and where new earth was continually being thrown up in making foundations; and so, five years ago, he contracted malarial fever, and he has had occasional attacks, with chills, fever, and sweating, for most of the time since. The last chill was ten days ago. Since then his bowels have been irregular, with alter-

nations of diarrhœa and constipation. For the past five years he has been troubled a great deal with a cough, accompanied by a profuse expectoration of mucus, which contained no blood, and by shortness of breath. These symptoms were worse at night, and especially in the winter season. With his last paroxysm of ague, ten days ago, he had a diarrhœa, and there was blood in the stools; and since then his cough has been more troublesome, and he has been very short of breath. His micturition is normal. On admission his pulse was 96, respiration 28, and temperature 103.2°. There was no albuminuria, and the urine was normal, and had a specific gravity of 1.016. At the present time the pulse is 70, respiration 20, and temperature 102°.

Gentlemen, while you are sitting at the bedside of a patient and are questioning him, and while he is telling his story, you can at the same time be taking the vital signs. You can be estimating the frequency, quality, regularity, and tension of the pulse, and can observe the effect of emotion and excitement upon it, and notice the condition of the artery itself. Then you can count the respirations, and take the temperature in the axilla, and you can do all this without disturbing the patient. Now, this man's radial artery feels irregular under the finger, and gives an impression as if there were a series of rings around it, such as the cartilaginous rings of the trachea, and this is a sign of atheromatous degeneration of the arterial walls. His pulse is regular, strong, not very frequent, and its quality is fair, and there is not much tension. There is another thing always to be taken into consideration, which is illustrated here. This man has been lying quietly in bed ever since he came into the hospital, and in this condition the pulse and respiration are lower than they would otherwise be. But yet they are not so slow as they ordinarily are in a healthy individual when he has been long quiet. With a pulse of 70 and a respiration of 20, though the respiration bears a proper relation to the pulse, yet the breathing is comparatively rapid for a healthy person in the recumbent position and in the tranquil state. The patient is therefore in a febrile condition, and so far you have established this fact. And in examining a patient you should in all cases determine, the first thing, whether he is in a pyretic or an antipyretic state.

Percussion.—Over the upper portion of the right side of the chest, both anteriorly and posteriorly, there is dullness on percussion. The region of hepatic dullness is increased. The upper boundary of the liver is a little lower down than it should be, and it is at the level of the eighth rib, instead of being, as it often is, in the sixth intercostal space, or at the level of the seventh rib. The lower limit is farther down than normal, and it comes to within one inch of the umbilicus, and extends to the left. There is tenderness upon pressure in the epigastrium, and over all the area of hepatic dullness, and this tenderness is greater after eating. The stomach is somewhat distended, and the area of splenic dullness is increased.

Auscultation.—Anteriorly the inspiratory sound is of longer duration upon the left side than upon the right. Posteriorly, at the apex of the right lung the vocal resonance has a bronchial charac-

ter, and there are moist rales. The lower portions of both sides of the chest are about normal.

We have now located one disease in the upper portion of the right lung, and another lesion in the upper abdominal region, and probably involving the liver. So we have two questions to determine here; one the nature of the pulmonary lesion, and the other the cause of the hepatic and splenic enlargement. There are certain facts in the history which bear upon the pulmonary lesion, and which will aid us in the diagnosis. He says that he has been troubled with a cough and shortness of breath, which are worse at night and in the winter time, for the past five or six years, and he has to get up several times during the night to expectorate. This subjective history, together with the physical signs which we have obtained, would indicate that he is now suffering from an inflammatory variety of phthisis, and a variety which is very different from a tubercular phthisis, which runs a very rapid course, and causes rapid destruction of the lung tissue, and consequent excavations. In other words, we have here what is described in these days as a fibrous phthisis, resulting from a catarrh of the bronchial tubes, and diminishing more or less the pulmonary capacity. Such cases as this usually run along for years, and finally terminate with no very great destruction of tissue. But there is a sort of cirrhosis of the lung. This condition may result from a chronic catarrhal bronchitis which started with a cold, and it may go on until it causes great shortness of breath upon exertion, and finally, as a consequence of the insufficient circulation through the lungs, caused by the diminished pulmonary capacity, it gives rise to cardiac disturbances and congestion of the venous system, and especially of the chylo-poietic viscera.

We still have to account for the tenderness and hypertrophy of the liver. Yesterday there was more tenderness, I think, than to-day, and the liver then appeared to be a little larger. Recently there has been a very considerable amount of hemorrhage from the bowels. Now, hemorrhage from the bowels may indicate various morbid conditions, such as hemorrhoids, or an inflammatory condition of the lower bowel, that is dysentery, or sometimes it may be the result of an acute hepatic congestion, which causes a secondary congestion of the mesenteric veins; or it may occur with cirrhosis of the liver, or from those conditions of various kinds which result in an ulceration of the bowels. So here we must consider all these possible causes of hemorrhage. We can readily exclude some of them. But upon asking him if he has recently been troubled with piles, he says that he has, and that they come down occasionally, and they have bled before this. So it is probable that the hemorrhage from the bowels is from this cause.

Now, has this condition any relation to enlargement of the liver? This enlargement of the organ is pretty uniform, and it is not connected with any special indication of any deposit in either the left or right lobe. But the surface is smooth and regular, and gives evidence of no tumor. A uniform enlargement of the liver may depend upon several conditions. It may be a congestion here, for, you will remember, he has had a good deal of fever, and ague. It may be

due to cirrhosis; but he has not been a hard drinker and he has never had any dropsy. It may be a fatty degeneration of the liver; but I do not think that the history is very consistent with that view; for fatty liver generally occurs with the more acute varieties of phthisis. From the amount of blood which he has lost recently, I am inclined to think that it is merely due to a temporary congestion of the organ. But we cannot yet determine the cause with any certainty, so we must leave the diagnosis until we can see what will be the effects of treatment. In a week's time we shall probably be better able to tell the true condition. In such a case it is impossible to arrive at a definite conclusion from a single examination. And, remember, in chronic cases, that it is never best to make a diagnosis too quickly, and haste is not necessary; but you should wait patiently and observe the effects of treatment, and come to no conclusion until you are justified in making a definite diagnosis.

There is one thing that you may be absolutely certain of here, and that is that he has a chronic phthisis of the fibrous variety. But as regards the abdominal difficulty, I will express no opinion as yet, for the cause of this enlargement of the liver I cannot determine at present, and there is no reason why I should. In acute diseases the case is very different, for then you must make your diagnosis promptly, and it requires a good deal of knowledge in order to appreciate the significance of symptoms when you meet them. And you cannot make a diagnosis from the objective signs unless you know the various conditions which these signs may indicate. For there are very few pathognomonic signs indicative of some one special morbid condition, but most of the subjective symptoms and the physical signs are common to a great variety of diseases.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on the Treatment of Gonorrhoea.

Reported by William H. Morrison, M. D.

Dr. Baldwin: Dr. White has simply given us the male side of the subject, and I should like to ask if he employs the same treatment in the female?

Dr. White: I omitted reference to the treatment of gonorrhoea in women more for want of time than anything else. I have found gonorrhoea in the female more amenable to treatment than it is in the male. There is rarely any difficulty if the patient can be put to bed. The majority of the cases are vaginal; though sometimes they are urethral, and sometimes vulval; at times all three forms are combined. The vaginal variety is probably the most amenable to treatment. The vaginal mucous membrane is not so richly supplied with blood as the membrane affected in the male, nor are the parts exposed to the influences which render the treatment of gonorrhoea in the male so difficult. I usually put such patients to bed, and order a routine treatment consisting of injections of acetate of lead and a suppository of opium and tannin at night. The injections are to be given

every four hours during the day, with the woman in the lithotomy position, using a Mattson's or Davidson's syringe. The patient is directed to first use an injection of castile soap and water. This is followed with an injection of plain water, to remove all traces of soap. One or two teaspoonfuls of sugar of lead are next added to a pint of warm water, which is then injected into the vagina. If there is vulvitis, a cloth is wrung out in this same solution and applied to the vulva. At night, a suppository containing ten grains of tannin and half a grain of opium is used. This is routine treatment, but it suffices for the cure of the majority of cases of vaginitis. If the urethra is affected, injections are to be used with caution, as on account of the shortness of the canal they are apt to cause irritation of the bladder. This shortness of the canal and the absence of erectile tissue, render the disease more amenable to treatment than urethritis in the male. This often subsides while the vaginitis is under treatment. If the urethritis is marked, that is, if by running the finger along the urethra two or three drops of purulent fluid can be pressed out, and if there is much pain in urinating, I put the patient on the alkaline diuretic, and give one of the anti-blennorrhagics. This, in a few words, is my treatment for gonorrhœa in the female.

Dr. Black, a former resident physician of the Philadelphia Hospital, introduced a very useful method of treating these cases, by filling the vagina with powdered tannin, either rubbed into the interstices of lint, or packed as a powder into the vagina, and then covering the vulva with a napkin, so as to retain it. This, however, has to be done twice a day, requires the presence of a physician, and can therefore only be used with advantage in a hospital.

Dr. Wirgman: "I would ask if Dr. White has had any experience in the use of bichloride of

mercury injections, in the strength of 1 to 4000. I have used it with decided benefit during the past six or eight months, and, I think, with better effect than the zinc or lead salts."

Dr. Jurist: "My experience with gonorrhœa is very limited, but I have recently employed cocaine in four per cent. solution, instructing the patient to inject ten or twelve drops before urination with good effect. The failures with cocaine are largely due to faults in the preparation."

"I would say that I have recently used a preparation of cocoa in the form of an infusion, which is twice the strength of the ordinary fluid extract, and is made with glycerine, without alcohol. This has marked anæsthetic effects on the throat, and it might be useful in urethral affections."

Dr. White: "I have used the bichloride of mercury in a few cases. At the time that Cheyne called attention to the antiseptic treatment of gonorrhœa, his treatment consisting in the use of various preparations of encalyptus, I tried a number of antiseptics, as boracic acid, carbolic acid, carbolie acid and lime-water, and in a few cases bichloride of mercury, perhaps not sufficient to warrant me in generalizing. I gave up the whole method, however, as unsatisfactory, and not to be compared in its results with that which I have described."

"Whether or not gonorrhœa depends upon some irritant poison that can be destroyed by drugs, I think we have not as yet sufficient clinical evidence to warrant us in treating it exclusively on this theory."

"From cocaine I expect a great deal. In these affections the indications for its use are very manifest, and I expected to hear much about it to-night. Thus far my own results have not been very satisfactory."

EDITORIAL DEPARTMENT.

PERISCOPE.

Two Cases of Dangerous Hemorrhage from Rupture of the Vagina During First Coitus.

Dr. Paul F. Mundé reports the following cases in the *Boston Medical and Surgical Journal*, May 14, 1885:

Case 1. In October, 1881, I was called early in the morning to a hotel in this city to see a lady who had been married on the previous day. I found her in a state of collapse, pale, with occasional momentary loss of consciousness, all due to a violent hemorrhage immediately following the first coitus. The husband, a physician himself, had vainly tried to arrest the hemorrhage by compression and persulphate of iron. Inspection showed blood trickling from the vaginal orifice and a slight rent of the hymen at the left anterior border, which, however, did not bleed; digital examination revealed a vagina distended with coagula, thus indicating that the blood flowed inward, as though from an internal wound.

Placing the patient on the left side, I introduced Sims's speculum, cleared the vagina thoroughly of all coagula, and then at once saw the blood spurting from a deep fissure about an inch long, which extended inward from the nick in the hymen to the left and parallel with the urethra. Tight tamponing of the vagina with disks of aluminum, carried down the very vulva, arrested the bleeding at once and permanently, and no further trouble was experienced. Here really the rent was intra-vaginal, its starting-point merely being the hymen.

Case 2. April 16, 1883, I was called, in the evening, to see a lady twenty-two years of age, married the day before. The messenger said she was bleeding, and I suspected a similar injury to that in the previous case. I found a waxy-looking, evidently very feeble patient, who stated that coitus had been performed but once, toward morning, had been rather painful, that she then went to sleep, and was awakened some hours later by feeling wet about the genitals, and found herself lying in a pool of blood. A physician

was sent for, who gave ergot, but made no examination. The patient continued to ooze, and another physician was sent for, who ordered ice to be applied over the abdomen, but also made no examination. The hemorrhage continuing, he sent for me. I examined her by gaslight, and could detect no bleeding spot on the hymen. The examining finger found the vagina full of coagula. Through Sims's speculum the vagina was thoroughly cleansed, and a deep rent fully two and a half inches in length and half an inch in depth was at once seen in the left vaginal wall, extending from about an inch above the hymen nearly to the cul-de-sac. The edges of the rent were ragged, and its base bruised and torn. A firm tamponade with alum-cotton disks effectually controlled the bleeding, and when the patient called at my office, a week later, the wound was in a fair way toward closure.

In neither of these cases did there seem to be a disproportion of the relative organs, nor could I learn that any unusual violence had been used. The vaginæ were apparently perfectly healthy, both ladies being young and of good constitution.

In the second case of Zeiss, quoted by Dr. Chadwick, the recent confinement of the woman and the adhesion of the cervix to the lacerated side of the vagina would readily account for the friability of the tissues, as would also the senile atrophy of the vagina in Dr. Chadwick's own case. I recollect reading a similar case in a Canada medical journal a few years ago, where a sailor had been away from home for nine years, and on first coition with his wife on his return ruptured her vaginal vault to such an extent that she had to be taken to the hospital (in Montreal, I believe), and came near dying. She had not as yet, if I remember correctly, reached the menopause.

It is strange that two such accidents should have been produced by sailors, whose reputation for abstinence, when away from home, is not of the best.

The treatment must obviously consist in the tamponade, repeated as long as danger of recurrence exists, or, if the rent is external, where a vaginal tampon cannot well touch it, the deep suture.

Tar Cancer.

Before the Academy of Medicine in Ireland (March 13), Dr. Ball read a paper on cases of cutaneous epithelioma occurring amongst the operatives at a tar-distillery. The first case came under notice four years ago, when Dr. Ball removed the front of the scrotum for an epithelioma, which had been preceded by a hard horny wart. A recurrence took place at the side of the scrotum, not involving the operation-cicatrix. This was extirpated two years ago, and since then the patient had remained well. The second case was that of an old man, about 80 years of age, who had an extensive epitheliomatous ulcer on the back of the left hand, which had originated in a wart five or six years previously. On the back of the right hand, and for a distance of about two inches above the wrist, there were numerous hard horny warts, and similar growths were present on the forehead and nose, although none existed on the parts of the body covered by

clothing. The forearm was amputated; but recurrence took place within a few months afterwards, the lymphatic vessels of the extremity being more obviously implicated than the glands. In addition to these two cases, Mr. Story had brought forward a case of epithelioma of the eyelid in a man who had been engaged at the same occupation. From inquiries made at the works, Dr. Ball learned that two others of the operatives had recently been somewhat similarly affected. One had an ulcerated wart on his nose, which had been destroyed by caustic, the cicatrix being still present; and another was stated to have had a large sore cut out of his face, but it was found impossible to trace this case. The close resemblance between these cases and the soot-cancer of Pott indicated that, like it, they owed their origin to long-continued irritation; in fact, it was quite possible that the active chemical agent was identical in both instances. As there were but seventeen men employed in this industry in Dublin, it would appear that the proportion of cases of epithelioma occurring amongst them was very considerable; the numbers were, however, much too small as a base for statistics. There were but three principal products manufactured at the works in question. First, a light liquid, which was called "naphtha-oil," came over from the stills; then a heavier fluid, called "creasote-oil," which contained, on an average, about 8 per cent. of phenol; and pitch was the residue of the process. The "creasote-oil" was the most irritating of these products; and although, as stated, it contained 8 per cent. of carbolic acid, the men washed their hands in it without hesitation. Dr. Ball had recently an opportunity of questioning a man who had been for a number of years engaged in one of the large carbolic acid manufactories in England. On this man's hands there were numerous warts, and he stated that such warts were not uncommon among the operatives, even those who only had to deal with the purest and most refined carbolic acid; but he had never known of any cases of cancer occurring amongst the work-people.

Case of Embolism.

The following case is reported in the *Med. Press* by Mr. Edward Skinner, of Sheffield:

Z. K., a girl, æt. 18, was first seen on January 23, 1885. She had no history of previous illnesses, having always enjoyed good health, with the exception of slight bilious attacks, which were accompanied by headache. Twelve or eighteen months previously she had gone to Manchester, being then in good health, and had returned after some months, looking very pale.

January 23. When first seen she was suffering from vomiting and severe pain in the left side of the head. The tongue was clean, but pale; the temperature and pulse were normal. The vomiting was thought to be cerebral, and an effervescent mixture was prescribed, and mustard poultices ordered to be applied to the left temple.

January 24. On the following day she expressed herself as "quite well." The vomiting had entirely ceased, and there was a total absence of pain.

January 25. She was seen again on the evening of

of the following day, and was found in a semi-comatose condition. There was complete loss of motion in both extremities, and she could with difficulty be roused to answer questions. The pupils were slightly dilated, contracting under the influence of strong light; the temperature was rising, and the pulse was too quick to be counted.

January 26. On the 26th she was much worse. Although she could not be roused, she was still sensible to pain, as shown by the knitting of the brows when she was pinched. The temperature was still higher, and the patient was evidently sinking.

January 27. She died early on the morning of the 27th.

Post-mortem Examination.—The body was well-nourished, though pale. On opening the cavity of the cranium, the vessels over the left temple were found to be very much congested. The middle cerebral artery was completely blocked by a soft clot, and the vessels of the velum interpositum were occluded by another clot, which was much firmer and harder. On the surface of each thalamus options there was an area of redness about the size of a florin, and in the interior of each an abscess half an inch or thereabouts in diameter. The heart was very pale and flabby; the stomach was also pale, and on the posterior surface was the cicatrix of an old ulcer. The remaining organs were in a healthy condition, but more or less anemic.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Drs. V. W. Allison and W. E. Ashton, of this city, have gathered together the old and oft-refuted arguments against legislation in venereal diseases, and they appear in a pamphlet issued from a society Proceedings. That they should continue to speak of the failure of such legislation abroad, when every medical traveler in Europe knows that it has neither failed nor been suspended, but is prized by the best continental sanitarians is an example of their arguments. If they had consulted the last report of the Secretary of the Navy, they would have found that our own naval surgeons testify positively to the advantages of such legislation in foreign ports. But the opponents of legislation, like the opponents of vaccination, only recognize facts that make for their own side.

BOOK NOTICES.

The Oleates. An Investigation into their Nature and Action. By John V. Shoemaker, A. M., M. D., etc. Philadelphia. F. A. Davis, 1885. In this neat volume of a little over a hundred

pages, Dr. Shoemaker presents a clear and brief sketch of the history of the oleates, their manufacture, physiological origin, and therapeutic effects. It is the result of ten years' attention to their position and value as a remedial agent, and is the most complete exposition of their action which has yet appeared. They are very valuable accessions to the materia medica, and should be familiar to every practitioner.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., LL. D., assisted by Louis Starr, M. D. Vol. II., sheep, 8vo.; pp. 1326. Philadelphia, Lea Bros. & Co.

The second volume of this important publication continues the subject of "General Diseases," and completes that of the "Diseases of the Digestive System." The number of contributors is twenty-two, among them many of the most prominent writers in our medical literature, as, for instance, Drs. Samuel G. Armor, Roberts Bartholow, Alonzo Clark, J. Solis Cohen, A. Jacobi, Joseph Leidy, J. Lewis Smith, William H. Welch, James T. Whittaker, and others equally well known. Each of these, it will be understood, takes the topic of his predilection and writes a monograph upon it, without undue amplification, and with that directness and practicability which are the characteristics of our best medical literature, and those in which it stands in such favorable contrast to the long-winded theorizing of German writers.

The usual size of these monographs, depending, of course, on the subject treated, may be judged by that on rheumatism, which is ninety pages; on scurvy, twenty pages; diseases of the tonsils, eleven pages; constipation, twenty pages; dysentery, thirty-five pages; diseases of the rectum and anus, fifty-five pages; intestinal worms, thirty-five pages, etc.

A reasonable number of good illustrations are inserted, and the paper and printing are of the best quality.

Berlin as a Medical Center. A Guide for American Practitioners and Students. By Horatio R. Bigelow, M. D. New England Publishing Co., Sandy Hook, Conn.

This is a handy little book that all American physicians who propose going to Berlin, either to visit or to study, should take with them. It contains full particulars of the hospitals, clinics and lectures, also information about hotels, restaurants, prices, shopping, etc., which will be sure to save the buyer of the book ten times its price within the first week.

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THE FUTURE OF AMERICAN HYGIENE.

Dr. Joseph G. Richardson, in his address before the recent meeting of the Pennsylvania State Medical Society, disclaimed any intention of appearing as a pretended prophet, except as a careful calculation of the progress of sanitary science, and its reactions with advancing civilization, such as could be made by every biological student who turned his attention to the subject, gave a certain pseudo-prophetic skill.

In the first place, he believed that an almost complete control of epidemics, by the numerous and well-appointed health boards of the future, sustained by an enlightened public opinion, and guided by the germ theory of disease to a much more accurate application of prophylactic measures, might be confidently expected.

Secondly, the benefits derivable from a daily practical application to personal sanitation of the steadily-improving weather prognostications must, he considered, prove of immense value, especially in the Northern States, where it has been estimated that one-half of all the diseases from which we suffer, originate in taking cold.

The advantages of knowing just what precaution in regard to clothing should be instituted against heat, cold, and wet, what days and what hours convalescents (especially children) may venture out into the open air, when is the best time for invalids to bear removal, and at what periods rheumatic and neuralgic patients must exercise additional care in regard to exposure, are obviously very great, and have a practical value which will be largely increased as the weather predictions improve in accuracy and precision.

The third and, perhaps, most important direction in which the sanitary science of the future will prodigiously expand its sphere of usefulness is in the control of the hereditary and diathetic maladies. Few can as yet properly estimate the value of the habit of looking at each case of threatened or developed disease as an essential element in the progress through life of the individual, modifying and being modified by the whole life history, which forms but an insignifi-

cant are of an immense family curve, either ascending, as it were, towards the survival of the fittest, or descending towards the extinction of the unfit.

Lastly, the influence which agnostics who have renounced the hope of a blessed immortality, and who will therefore practically carry out the rules of hygiene as essential to the enjoyment of happiness in this world, exert in favor of sanitation, however much we may regret its existence, cannot be ignored, and should be most carefully guided in the right direction. This is the more necessary because we have grave reason to dread that the advancing tide of skepticism will continue to progress, unless more effectual efforts are made by wise and good men, from the pulpit and the religious press, to arrest it.

NOTES AND COMMENTS

Diagnosis of Carcinoma.

The Vienna correspondent of the *Lancet* (April 4, 1885,) says that Mr. E. Freund, a medical student, has described a method of diagnosing carcinoma with very few chemical aids in every stage of its development. He says there is in the blood of carcinomatous individuals a reducible substance, which he supposes to be sugar; and the blood of sarcomatous individuals contains an unusual amount of peptone. In cases of carcinoma diabetes was excluded, as was leukæmia in cases of sarcoma. In both diseases only a very small quantity of blood should be examined. In sixty-two cases of carcinoma, after the albuminous products had been removed with sesquichloride of iron and nitric acid, there was found in 0.3 cubic centimetre of blood a substance which distinctly reduced Fehling's solution. In eight cases the blood had to be heated for a few minutes with bilitate muriatic acid, and glycogen, as such, could then be proved. After extirpation the sugar in the blood disappeared; in one case only it persisted, in which relapse took place. In fifteen cases of sarcoma, after the removal of the albuminous contents, peptone could distinctly be found.

A Novel Cure for Rheumatism.

El Siglo Medico relates the following singular cure from La Paz, Bolivia: A woman had suf-

fered so much from rheumatism, that for six months she had hardly slept. Her right arm was so affected that it was quite useless; she could not work with it or dress herself. While in this state she heard of a countryman who suffered in the same way, and who had been cured by the accidental sting of a bee. As the pain caused by the sting could not be worse than that due to the rheumatism, she determined to try the same remedy. Three bees were obtained and made to sting her on the right arm. The success of the treatment was surprising and complete. On the following night she was able to sleep, and the acute pain had all but completely disappeared. The arm was naturally a good deal swollen, owing to the sting, but the swelling quickly disappeared with cold water dressing. The use of the arm gradually returned, and since then has been no symptom of rheumatism. It is said that the same remedy has been equally successful in several other persons.

The Incipient Stages of Inebriety.

Dr. T. D. Crothers, whose facilities for experience in all questions connected with alcoholism are very great, contributes a most readable and instructive article to the *Alienist and Neurologist* (April, 1885,) which he thus summarizes:

1. The study of inebriety reveals a well-marked disease passing through various stages, traceable by many and complex signs and symptoms.
2. The incipient stage seen before spirits are used is marked by dietetic delusions and other symptoms of nerve and brain irritability, all of which seem to depend on heredity or some obscure injury to the nerve and brain centres.
3. A group of symptoms can be found in most cases that may be termed pathognomonic, and will be seen in the later stages fully developed.
4. These early symptoms appear after the first toxic use of alcohol, and in some cases go on to full development, or are held in abeyance by some unknown force.
5. Practically, the recognition and study of this stage opens up a field of prevention and cure that will attract great attention at an early day.

Premonitory Symptoms of Insanity.

From the *London Med. Times*, April 4, we learn that Dr. Henry Sutherland read a paper on the above subject at Brighton recently, at the meeting of the Southeastern Branch of the British Medical Association. In this paper it was shown by cases which had been for a long time under

observation that various eccentric acts sometimes occur many (7, 12, 14) years before the actual outbreak of insanity takes place. Hence, the necessity for early prophylactic treatment in cases where the insane temperament is strongly marked. The mental and bodily symptoms usually noticed in the early stages and the indications for various drugs were also enumerated. The importance of appropriate moral and hygienic treatment was also insisted on. By attention to these details, a second attack was often averted; and if insanity had actually seized the patient, the duration of the disease was shorter and the outlook more hopeful than would have been the case had treatment been neglected.

A New Sound-Deadener.

In the *Brit. Med. Jour.*, April 18, Dr. Ward Cousins makes some remarks upon the injurious effects of noise, and describes a new sound-deadener. Reference is made to the injury sustained by the nervous system from persistent noise, especially in cases of mental excitability and brain disturbance. He considers also the injurious effects of noise upon the organ itself, and the evils caused by continual exposure through occupation. Having made the subject a matter of investigation among the boiler-makers and plate-workers employed in the Royal Naval Yard at Portsmouth, he found almost every man engaged in these occupations suffering more or less from deafness, and many had received permanent injury of the nervous structures of the ear. The sound-deadener he describes consists of a small elastic air-cushion. When adjusted in the aural orifice, it powerfully modifies and reduces the intensity of sound. It prevents the shock of noise, and protects the organ from concussion.

NEWS AND MISCELLANY.

Recent Experiments on the Severed Heads of Criminals.

The Paris correspondent of the *Lancet* (May 9) says that the question has again been mooted as to whether those who have been decapitated suffer; and after additional experiments on the head of Gamahut, who was guillotined on the 24th ult., for the murder of a widow lady in Paris, coupled with those related by Claude Bernard, the presumption is that they do; for under the influence of transfused blood, the blanched features recovered almost their normal expression, the eyelids were slightly open, and the lips quivered for a few seconds, as if to express some perception communicated from the brain. The conclusion, then, is that so long as the brain contains any

blood, the head of the decapitated person, which falls into a receptacle prepared for the purpose, is capable of seeing, of hearing, and of knowing that it is separated from the body. This view, however, was repudiated by Professor Vulpian at the last meeting of the Academy of Medicine, on the following grounds: A strong blow applied to the head, or a less severe one to the stomach, would cause instantaneous syncope; that is to say, consciousness would for the moment be entirely abolished. So it would be in the case of the severed head, but of course without any possibility of recovery; the weight of the guillotine falling upon the neck would produce the same result. Moreover, syncope would be occasioned by the sudden division of the carotid arteries, and the consequent emptying of the arterial system of the brain. Therefore, at the very moment that the brain ceases to receive the vivifying fluid from the heart, it loses all power of excito-motility, as well as all power of sensation; all this transpires as quickly as thought, and its duration may be compared to a flash of lightning. It happened opportunely that a dog that was undergoing some experiments in Prof. Vulpian's laboratory was suddenly seized with a hemorrhage. Advantage was taken of this circumstance to immediately expose the brain and submit the latter to faradization. Scarcely half a minute had elapsed between the arrest of the circulation and the galvanic irritation. It was impossible to obtain any movement in the legs. The effects of the electricity produced in the muscles of the head and nose were not, according to Prof. Vulpian, due to the physiological transmission effected by the brain, but to the neighborhood of the source of irritation; the brain, having lost all power of excito-motility, would in this case act as a mere sponge; and if such a condition was found to exist for only half a minute after the arrest of the circulation, the interpretation put on the effects said to be produced on severed heads by other experimenters must certainly be considered erroneous.

An Appetite for Mortar.

The following peculiar case seems to possess sufficient interest to warrant reproduction. It is reported in the *Lancet*, January 31, 1885, by Dr. Charles E. Adams:

W. T—, aged three years, is a pale, unhealthy-looking boy, decidedly rickety, with thickened bones at wrist and ankle-joints, carious teeth, and enlarged abdomen; he is also backward in his walking, not having full locomotive powers. His mother informed me that up to two years of age he was a fine baby; he then had an attack of bronchitis, and was treated at a London hospital, where he was offered admission, which his mother refused. The attack left him in a weak state, and soon after that time he showed signs of rickets. About eight months ago he exhibited a great desire for eating mortar. The mother discovered his propensity by observing that the wall near his bed was stripped of paper and holes picked in it. On inquiring into the cause, she found that the boy used to eat the mortar, and his eagerness after it was so great that he would get, even in inclement weather,

into the yard and pick the walls, and if prevented he cried. On occasions the child has been deprived of his mortar, and invariably when it is kept from him he vomits his food, and when had recourse to the symptom ceases. So at the present time it is the ordinary routine of his little sisters to collect mortar, which must not contain too much sand, as he is particular in the quality. Lime-water has been substituted, but this the child refuses to be contented with, and will have his food in a more solid form. He is now suffering from small-pox, and, on waking up in the night, cries for a piece or two of lime before going to sleep again. The quantity consumed during twenty-four hours is rather more than half a teaspoonful. His mother tells me he has never been weaned, and her custom has been to suckle her other children up to three years of age. To corroborate the mother's statement, I have frequently seen him partake of the mortar, which he crunches up and swallows with great relish.

Bradford County Medical Society.

A meeting of the Bradford County Medical Society was held at the Stimson House, in Athens, Pa., June 16, 1885—Dr. Lyman, of Towanda, in the chair, and Dr. Reed, of Wysox, Secretary.

Dr. Brown, Athens, reported that the delegates attended the State Convention, and they considered no report was needed, as the entire proceedings had already been published in the journals.

Dr. Horton, delegate to the American Medical Association, made his report.

Dr. Payne advocated the appointment of experts by the courts and prohibiting their employment by the plaintiff or defendant.

Drs. Brown and Payne urged the Society to be ready to assist the State Board of Health in enforcing sanitary measures.

On motion, the Society pledged their hearty co-operation in such measures as the State Board may advise.

Dr. Horton read a very interesting paper on constipation, which was followed by an animated discussion of the subject in which most of the members participated.

The time and place of the next meeting was fixed at Wysox, on the last Tuesday of July.

After the meeting, a reception and banquet was given by Dr. Brown at his residence.

G. F. B.

The Rights of Health Officers.

A very curious case has been begun in San Francisco, as an offshoot from the famous Sharon divorce suit. During the progress of that case a witness testified that Miss Hill, the plaintiff, placed some of Senator Sharon's undergarments in a new-made grave for the purpose of acting as a love charm to secure the affections of the millionaire senator.

A health officer of San Francisco, at the instigation of Senator Sharon's counsel, opened the grave to see if the articles were really deposited there. The charge is now made that the grave was desecrated, and suit for \$5,000 damages has been brought. The purport of the suit is to test the right of the health officers to take such action.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended June 13, 1885.

Wyman, Walter, surgeon. To proceed to New York, N. Y., and assume charge of the service, relieving Surgeon Sawtelle, June 8, 1885.

Banks, C. E., passed assistant surgeon, granted leave of absence for thirty days, June 12, 1885.

Personal.

—At their recent meeting in June, the Board of Regents of the Kansas State University elected Lucius E. Sayre, Ph. D., of Philadelphia, to the newly-created Chair of Pharmacy in that institution. Professor Sayre is well known as one of the most skillful pharmaceutical chemists of this city, and both as a lecturer and author has an established reputation.

—Dr. Laurence Turnbull, of this city, has been invited to take a prominent part in a special debate on "Anæsthetics" in the Section of Pharmacology and Therapeutics of the British Medical Association to meet in Cardiff during the last week of July. Dr. Turnbull's writings on anæsthetics, and particularly on "Etherization by the Rectum," are well known in England, and the officers of this section urge him strongly to give them his experience.

Items.

—Lawson Tait says: "The amount of worry which is given him by every case of hysterectomy, even when successful, is such as to be almost beyond the recompense of any fee; and the disappointment inflicted by every death is quite indescribable."

—The condition of science and education generally in Cuba is, according to the *Eco Científico de Las Villas*, most flourishing. All the faculties exist in the University, and studies can be carried on there in all branches up to the degree of Doctor. Each province has an institution for secondary education. The clinical and obstetrical departments of the hospitals are most satisfactory, and there are numerous practitioners of ability. Surgery has of late made rapid strides, all the most serious operations being now skillfully performed on the island. There are also numerous scientific and professional societies in a flourishing state.

—"Save me, doctor, and I'll give you a thousand dollars." The doctor gave him a remedy that eased him, and he called out, "Keep at it, doctor, and I'll give you a check for five hundred dollars." In half an hour more he was able to sit up, and he calmly remarked, "Doctor, I feel like giving you a fifty-dollar bill." When the doctor was ready to go, the sick man, by this time up and dressed, followed him to the door, and said: "Say, doctor, send in your bill the first of the month." When six months had been gathered to Time's bosom, the doctor sent in a bill for five dollars. He was pressed to cut it down to three, and after so doing was obliged to sue to get it, and after he got judgment, the patient put in a stay of execution.—*Cour. Rec.*

